



# Friends of Science in Medicine

Newsletter 17 - 3 November 2017

## WHAT IS NEW SINCE OUR LATEST NEWSLETTER?

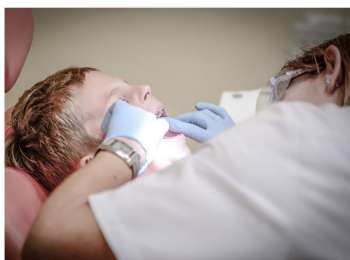
### The Power of One!

Just 6 months ago, [Eliza Li](#), a Monash University biomedical science and commerce student scholar, after watching her own nieces addicted to consuming them like lollies found herself questioning the efficacy of supposed “vitamin gummies”. Under the mentorship of [Dr Ken Harvey AM](#), at the Monash School of Public Health, Eliza began her research crusade to expose the exploitative product’s misleading advertising for being “healthy for kids” and to urge the Therapeutic Goods Administration to review its regulation which is ambiguously defined, sitting at the food-medicine interface.



In April, she commenced investigating [Blackmores’](#) version of omega-3 gummies, advertised as ["fish oil great for smart bubs"](#), based on an [outdated trial with a small sample size \(72\)](#). Eliza asked for evidence. Blackmores couldn’t provide any scientific literature, but [discontinued their Kids Fruity Fishies](#) product in the following months. Certainly something fishy going on!

Later in May, Eliza became aware that some gummies didn’t disclose the exact sugar content because, under TGA regulations, this was not a requirement. In response to her [published letter to TGA](#) cautioning that gummies might contribute to “excessive sugar consumption” in childhood, the TGA articulated that “the benefits from taking a particular medicine may outweigh the risks of sugar consumption”. In a private letter, the TGA also declared, “labelling requirements for excipient ingredients are unlikely to change”. Sugar in gummies as excipient ingredients? We think not!



Dissatisfied with this response, Eliza was motivated to raise greater public awareness of the potential harms of consuming vitamin gummies because to [risks of tooth decay](#). She co-authored an article in *The Conversation*. [“Kids’ vitamin gummies are unhealthy, poorly regulated and exploitative”](#) and presented a paper at the [2017 International Conference for Undergraduate Research](#), contending that the complementary medicine’s industry and regulation needed to be de-coupled for consumer protection.



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The article was widely circulated and, most recently, in October, [Choice](#) picked up the campaigning and awarded [\(Pharmacare\) vitamin gummies](#) with the [2017 Shonky Award](#). *Choice* were equally as concerned as Eliza that these “shonky candy” manufacturers “didn’t even put the sugar content on the label”!

## FSM EXECUTIVE NEWS

### Chinese Medicine Board Directives

In March 2017, FSM submitted [more than 1000 images](#) of false and misleading claims for acupuncture and moxibustion to the Australian Health Practitioners Regulation Agency (AHPRA)’s newly formed ‘Advertising Compliance Team’

While the images were primarily from acupuncture and Chinese medicine practitioner websites, they also included the Victorian Government’s [Better Health Channel](#), [Medibank](#), [Women's Health & Research Institute of Australia](#) and [Austin Health](#).



Moxibustion

The reports included [more than 400 websites](#) referring to a discredited World Health Organization report as ‘evidence’ that acupuncture works and more than [300 websites](#) targeting pregnant women and the unborn.

Following our submission, [in their July newsletter](#), the Chinese Medicine Board stated:

“acceptable evidence needs to be up to date. Recent complaints have identified that many Chinese medicine practitioners say in their advertising (including websites) that the claims they make are based on a statement previously published by the World Health Organisation (WHO) about conditions acupuncture can effectively treat” .. “it does not meet the requirements to be acceptable evidence”;

“the Board is particularly concerned about claims that acupuncture is a safe and effective treatment for turning breech babies”;

“acceptable evidence to support advertising claims needs to be based on findings obtained from quantitative methodology such as systematic reviews of randomised and high-quality controlled trials”, and

“registrants should be wary about using in advertising words “such as *safe and effective*”.

However, [“traditional use evidence”](#) continues to be sufficient for treating patients.

AHPRA are currently assessing nearly 500 complaints about Chinese medicine practitioners, ie about more than 10% of their practising registrants.

FSM remains concerned about invalid diagnostic techniques such as [‘Tongue and Pulse’ analysis](#), widely used by Traditional Chinese Medicine (TCM) practitioners. These techniques continue to be included in TCM courses, [even at the RMIT](#).

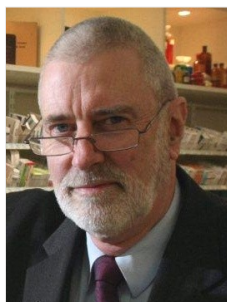
FSM is unaware of any ‘robust’ evidence for acupuncture/traditional Chinese medicine for **any** illness.



Pulse Analysis



## Media Watch



Dr Ken Harvey, featured in [‘Spruiking Supplements’](#) on Media Watch (Channel 2, Episode 33, 25 September 2017), challenged the claims made by Channel 9’s host, Lisa Wilkinson, now “spruiking vitamins and supplements”. Dr Harvey also submitted a formal complaint to the Therapeutic Goods Administration (TGA), alleging that Wilkinson’s advertising breached the Therapeutic Goods Advertising standards.



## The Advertising of Therapeutic Goods and Services (and its regulation)



In March 2016, a seminar “The Advertising of Therapeutic Goods and Services (and its regulation)” attracted more than 100 people to the Sydney University Health Law Centre. One outcome was a decision to hold a follow-up seminar in Melbourne in 2017. Organised by the Monash Law, Health and Wellbeing Group and the Monash School of Public Health and Preventative Medicine in association with Melbourne University Law School, Choice (the Australian Consumers’ Association), FSM and the Foundation for Effective Markets and Governance (FEMAG), the seminar was held on 7 September 2017. The program, Papers and Presentations for the seminar [can be viewed here](#).

## Social Media News



The number of FSM’s Facebook and Twitter fans and listed Friends has passed 10,000! Congratulations to Dr Pallave Dasari and her Social Media team.

## Complementary and Alternative Medicine

Frank Van der Kooy 's Blog - the view of a previous insider. [‘The Hogwarts School of Magic \(or complementary medicine\) is actually in Australia! They even have a real ‘quidditch’ team to proof it!’](#) Analytical Chemist, Dr Van der Kooy, exposes pseudo-academia and vested interests.



## Private Health Insurance

In 2015, the Department of Health [published the outcome](#) of the ‘The Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies’. The review had examined the evidence of clinical efficacy, cost effectiveness, safety and quality of 17 natural therapies. In 2012, FSM [prepared a submission](#) and sent letters to politicians, private health funds and newspapers [before](#) and at that time. As part of the Federal Government’s overhaul of the industry, government rebates will, from 2019, no longer be paid for any of these therapies, including aromatherapy, Bowen therapy, Buteyko, Feldenkrais, herbalism, homeopathy, iridology, kinesiology, naturopathy, Pilates, reflexology, Rolfing, shiatsu, tai chi and yoga. Rebates will, however, continue for remedial massage.







## Homeopathy

The European Academies Science Advisory Council (EASAC) is an umbrella organisation representing 29 national and international scientific academies in Europe, including the Royal Society (UK) and the Royal Swedish Academy of Sciences.

FSM supports [their September 2017 statement](#) on “Homeopathic products and practices” which concludes that “the claims for homeopathy are implausible and inconsistent with established scientific concepts”. EASAC emphasised the need to “reinforce criticisms” by scientists as the markets for homeopathy in the EU and US continue to grow.



## \$200 Million Donation to the University of California, Irvine (USA)



[Billionaire family, Henry and Susan Samueli](#), have given a \$200 million donation to the University of California, Irvine, for a new building dedicated to improving public health. While this sounds like an incredible act of philanthropy, the donation is going to be used for “integrative health approaches in research”. FSM believes that it is likely to be used as a pseudoscientific cover for already discredited quackery.

FSM accepts that unbiased randomised controlled trials should be conducted on the very few alternative therapies which may be plausible.

## THERAPEUTIC GOODS ADMINISTRATION

### Consultation: Draft List of Permitted Indications

FSM supported [a submission](#), concerning the “Therapeutic Goods Administration (TGA) Consultation: Draft list of permitted indications”, prepared by Dr Ken Harvey, Associate Professor, and Dr Prasad Ranaweera, Sri Lankan Department of Health Fellow, School of Public Health and Preventative Medicine Monash University, with the assistance of final year Monash Biomedicine/Science student, Ms Eleonora Kay.

The latest proposed TGA changes contain around 140 traditional Chinese medicine indications, such as “Harmonise middle burner (Spleen and Stomach)”, “Unblock/open/relax meridians”, “Balance Yin and Yang”. There are also around 900 additional indications for unspecified “traditions”. These include, “Renal tonic”, “Helps healthy liver regeneration”, “Emmenagogue”, “Vermifuge” and “Vulnerary”.



The Harvey/Ranaweera submission raised concerns that the inclusion of a large number of ‘traditional indications’, placed by industry, suggests that there is currently “a move towards greater use of ‘traditional indications’ by sponsors of complementary medicines as this eliminates their requirement to hold (and produce) scientific evidence for the claims made about these products”. The list of permitted indications, without disclaimers for traditional medicines, will clearly accelerate this trend. It also “provides government and TGA endorsement of pseudoscience” and will encourage “consumers to purchase often ineffective and sometimes dangerous products”.

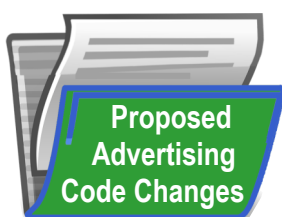


The submission suggested that:

“the proposed list of permitted indications should be drastically shortened and only contain modest low-level indications such as, “may be helpful...”, “may assist...”, etc. If sponsors have evidence that would justify a higher-level claim then they should use the proposed new pathway, whereby the TGA assesses the evidence before approving the claim”, and that

“the TGA should add an appropriate disclaimer on all products (and their promotion) making traditional claims *via* amending Therapeutic Goods Order No. 69 – General Requirements for Labels for Medicines 2017.1”.

## TGA Consultation: Therapeutic Goods Advertising Code



[The submission](#) commented on proposed advertising code changes, documenting continuing problems with advertisements’ making therapeutic claims for products at the ‘food-medicine interface’. It raised concerns about the focus of the new Code and complaint system, and the legislative changes required, which should be broadened to encompass *all* therapeutic claims, including those made about food, not just about therapeutic goods.

It agreed with most, but not all, the requirements specified for the new Code. It also listed important additions. For example:

- Strengthening mandatory warnings on products containing vitamins, minerals and food extracts – to support critical public health messages: “Vitamins, minerals and other supplements are NO substitute for a healthy balanced diet. Vitamins, minerals and food extracts are best obtained from food” and
- Adding mandatory warnings on products with ‘traditional indications’ to inform consumers and protect the TGA (and government) from possible legal action: “This product’s traditional claims are based on alternative health practices that are not accepted by most modern medical experts. There is no good scientific evidence that this product works. Also, a tradition of use does not guarantee safety”.



## The Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) and National Health Profession Boards regulate health practitioners through the National Registration and Accreditation Scheme (the National Scheme), with its primary role of public protection. On 20 April 2017, AHPRA published [“Responsible advertising in healthcare: Keeping people safe”](#), which details their advertising compliance and enforcement strategy.

A dedicated Advertising Compliance Team was set up to implement this advertising strategy and to manage complaints about health practitioner advertising. Responsible for the triage of all incoming offence complaints, for the assessment of all offence complaints about advertising and for the ongoing management of low and moderate risk advertising, the team also engages with associations and insurers, briefing them on their new strategy so that they can inform their members.





On 7 June, the team acknowledged receipt of FSM's reports of images from [1000+ Acupuncture/Chinese medicine](#) and chiropractor websites.

The chiropractic websites promoted the [Webster Technique](#), (which claims to be able to rotate babies in the breech position in late term pregnancy), and [Retained Neonatal Reflexes](#) (which claims to be able to treat children with learning difficulties and behavioural problems).

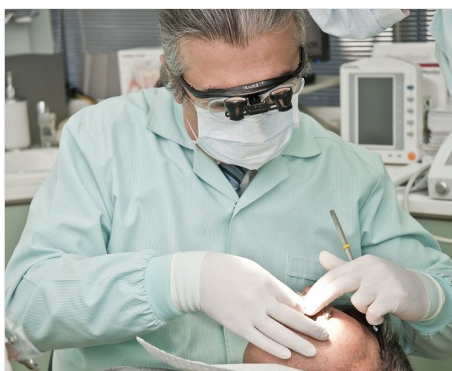


AHPRA, using their risk-based advertising compliance and enforcement strategy, has identified 477 current complaints about Chinese medicine practitioners.

## Chinese Medicine Board

Following FSM's March 2017 reporting of the above-mentioned images, the Chinese Medicine Board published, on 20 July 2017, a [position statement on advertising](#) to provide further guidance to its registrants about the Board's expectations. The newsletter states "acceptable evidence needs to be up-to-date evidence. Generally, evidence that [has not been updated for five years](#) should be reviewed and updated to ensure currency and clinical relevance". Claims by hundreds of registrants that acupuncture can effectively treat over 90 conditions based on a previously published report by World Health Organization "does not meet the requirements to be acceptable evidence".

## Dental Board



[A study by the University of Sydney](#) showed that almost three-quarters of dentists are illegally using testimonials on social media to market their practice and that almost one in five were using pictures or text likely to create unrealistic expectations of the treatment. FSM shares the views of the university that "while some people think advertising restrictions stifle public discussion, they're in place to protect you". AHPRA continues, despite FSM's continued efforts, to remain ineffective in policing standards across all Boards.

## UNIVERSITIES

*"Science is facts; just as houses are made of stones, so is science made of facts; but a pile of stones is not a house and a collection of facts is not necessarily science."* Henri Poincare

It has been a busy time in the world of complementary and alternative medicine, with universities increasingly being used as venues for courses and talks by its proponents. Using university logos and names in their advertising gives their message a thin veneer of credibility. They are also using universities names as part of the [postal](#) and [physical addresses](#) of their clinics.



Henri Poincare

FSM does not oppose free speech expressing *opinions*, but does oppose misleading information (including 'false facts') about health matters, especially when used in a cynical attempt at marketing and profiteering from consumers' ignorance. This is what is happening when practitioners use an association with a university to imply academic credibility.



## Edith Cowan University

Edith Cowan University (ECU) was alerted to a series of courses organised by [Namaste Life Centre](#) on behalf of [Pranic Healing WA](#) and the Philippines-based, [Institute for Inner Studies Inc.](#), held on their campus since 2011. The next course was advertised at ECU for 25 June 2017. Both the sponsor and organiser were using the ECU logo in their advertising.

Pranic crystal healing is pseudoscientific alternative medicine technique, a form of ‘energy medicine’ which employs stones and crystals. Adherents claim that these have healing powers, although there is no scientific basis for any therapeutic claims for crystal healing. ‘Pranic Crystal Healing® June 2017’, scheduled at one of the university’s venues, was immediately cancelled as it did “not align with [their] evidence-based approach to teaching and research”. The use of the ECU logo was also not authorised. ECU contacted these organisations and asked them to remove all references to ECU from their web pages and will advised that they would [“not be accepting any booking requests from this organisation, or related organisations, in the future”](#).

The university also cancelled ‘Bring Back the Fat 2017’, an event run by self-proclaimed nutrition expert, Christine Cronau, who has been widely criticised for her lack of qualifications, dangerous medical advice and commercial interests, as outlined in this [on-line review](#). The ECU, *via* their official Facebook page, responded to a [change.org petition](#) and cancelled her event as it did not “align with our evidence-based approach to dietetics teaching and research”.

## James Cook University

In February this year, a [‘Healing touch’](#) clinic, based on ‘energy medicine’, was opened at James Cook University (JCU). Following submissions from FSM and others to the university, the clinic was shut down, and a [statement](#) was published on the JCU website rejecting any support for the belief-based intervention.

## University of Adelaide

Christine Cronau’s ‘Bring Back the Fat 2017’ event was also booked into a venue at the University of Adelaide (UofA). FSM wrote to the Acting Vice-Chancellor, requesting that the university withdraw its venue support for this alternative health and commercial enterprise as FSM considers that Christine Cronau was using UofA lecture theatres as a tacit endorsement of the seminars controversial content. The event was cancelled.

## University of South Australia

Following the UofA’s cancellation, Christine Cronau booked her ‘Bring Back the Fat 2017’ event into the University of South Australia. Following lobbying by their own academics, consumers, dietitians and FSM, along with both international and national media coverage, the booking was cancelled.



### Recommendation

**FSM strongly recommends that universities review the content of non-university-sponsored health seminars before they hire out their venues.**





**Murdoch**  
UNIVERSITY

## Murdoch University

Following the cancellation at Edith Cowan University, 'Bring Back the Fat 2017' was [booked into a venue](#) at Murdoch University. FSM wrote to Professor Paul Morrison, Dean, School of Health Professions, asking him to use his influence and responsibility for good clinical science at the university to have his university also withdraw permission. Initially, the [response from a spokesperson](#) stated that "Murdoch University campuses are places where different views can be respectfully aired and debated. This does not necessarily mean that the University or individual staff and students agree with those views, including those of guest speakers". However, following lobbying by their own academics, consumers, dieticians and FSM, along with both international and national media coverage, the booking was cancelled.

In a "[World Today](#)" segment on the ABC, Murdoch University academic, Adjunct [Professor Rod Bonello](#), an osteopath and chiropractor, claimed that the potentially dangerous 'Webster technique', used by chiropractors to rotate breech babies, was both experimental and harmless.

In March 2016, the Chiropractic Board of Australia (CBA) issued their '[Statement on Advertising](#)'. The communiqué stated that "Chiropractors are not trained to apply any direct treatment to an unborn child and should not deliver any treatment to the unborn child. Chiropractic care must not be represented or provided as treatment to the unborn child as an obstetric breech correction technique".

Obstetricians are aware of the major dangers of breech version, including initiating pre-term labour, ante partum haemorrhage, stillbirth from cord entanglement, uterine rupture and rhesus immunisation. Because of the risks, obstetricians use breech version only after 37 weeks of gestation, and only in cases with no contraindications.

Breech version is attempted only in hospitals with electronic fetal heart rate monitoring and emergency caesarean facilities available. Despite this, and even after a demand from the Chiropractic Board of Australia (CBA) that chiropractors do not advertise their use of the Webster technique, more than [175 websites](#) continue to offer this intervention.



Bruce F Walker  
**Chiropractic Program**  
**Murdoch University**

FSM wrote to Associate Professor Bruce Walker, Head of Chiropractic Program, Murdoch University, expressing concern that his University was now associated with chiropractors who think they have no bounds to their scope of practice, particularly when they think that they are qualified to treat pregnancy complications, babies and childhood illnesses.

We also raised concerns that there was no ethical committee clearance for Bonello's claims that this type of breech version is 'experimental', and warned Dr Walker that, should a major adverse event occur, both he and Murdoch University are on public notice for not curtailing non- musculoskeletal treatments in patients and disorders where chiropractors have no expertise.





## University of New South Wales

FSM wrote to Professor Fiona Stapleton, Head of the School of Optometry and Vision Science, University of New South Wales, about the undeserved credibility the university is giving to 'Behavioural Optometry (BO)'. We asked Professor Stapleton to review her support for this pseudoscience-based intervention.



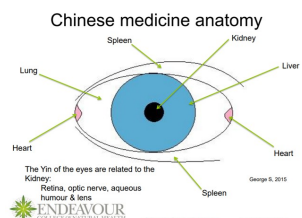
"Vision therapists" claim that BO strengthens eyesight through a series of exercises, focusing, eye-pointing and eye-movement skills. Exercises may include eye-hand co-ordination drills, watching a series of blinking lights, staring at coloured lights (Syntonics), bouncing on a trampoline and even sleeping in a certain position. In addition to promising to eliminate glasses, BO therapists claim that their methods can also improve school and athletic performance, increase IQ, help overcome learning problems and attention disorders and even prevent juvenile delinquency.

Often they prescribe bi-focal and prism glasses to prevent or cure near-sightedness. The Eye Dept at the Children's Hospital in Brisbane does not refer patients to behavioural optometrists, after a review of the literature failed to find evidence of its effectiveness.

We asked Professor Stapleton to remove the course permanently. However, the course remains advertised.

## Endeavour College of Natural Health (Bachelor of Health Science)

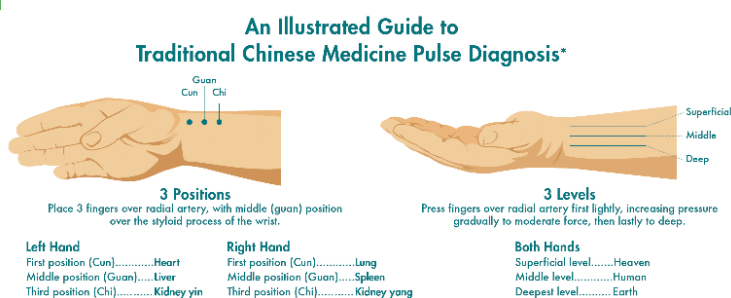
Course material from the accredited Endeavour College of Natural Health, for their Bachelor of Health Science/Acupuncture, was sent to relevant specialists and general practitioners for comment.



These included Chinese clinical medicine training notes for conditions such as disorders of the eye, ear, nose, mouth & throat, anxiety, neuropaesthesia, hysteria, HIV/AIDS, obesity, women's physiology.

Our expert comments included "amazing rubbish", "I can't believe it!!", "I am horrified", "no scientific basis establishing its efficacy", "laughable", "utterly ridiculous stone-age theories", "completely fanciful", "beyond belief" and "no scientific value whatsoever! Fanciful nonsense".

Of concern was that "people will not be adequately diagnosed or treated", "harmful, if only because it results in inappropriate treatment" and that they were "surprised that an accredited college is offering a science course, that is rich on philosophy and tradition-transmission and scant on science".



On graduating, these students can register with the Australian Health Practitioners Regulation Agency (AHPRA) and start working immediately in community clinics, referring to themselves as 'doctors' of Chinese Medicine while using invalid tongue and pulse analysis to diagnose patients.

(\*[Click here for Endeavour College of Natural Health 'Chinese medicine anatomy' image source](#))



## University of Sydney



In 2018 the University of Sydney, School of Pharmacy will be offering a course in the evidence-based use of complementary medicines, 'Graduate Certificate in Evidence-based Complementary Medicines'. Over the last decade, more than \$2 billion has been spent on investigating 'Alternative and Complementary' medicines. Most studies have found no clinical benefit for the preparations examined.

Professor Iqbal Ramzan, Dean, Faculty of Pharmacy, had noted this in [first chapter of his book](#) on the subject. One would imagine then that, if this course wants to present *credible* studies of effectiveness, this would be a rather short course. We do note and welcome the emphasis in the course description of the need to understand the potential dangers from the interaction of drugs with these products.

FSM supports the stated aim of having pharmacists practice evidence-based care and that if the course is appropriately critical it could be most valuable. If it is not however it could perpetuate poor standards of pharmacy care and damage the reputation of the Faculty of Pharmacy. FSM [wrote to Professor Ramzan](#) about our concerns that the proposed course might not be adequately evidence-based.

The description of the course notes that: "Students who enrol in the course will be taught by **leading experts in complementary medicine and will obtain theoretical and clinically applicable knowledge and skills** associated with complementary medicines". The course description also states that students "will learn how to identify reliable and reputable information resources that provide information on the **efficacy and safety of complementary medicines** commonly used in the management of health and disease. Furthermore, you will learn how to translate this information **into day to day practice that is evidence-based.**"

Professor Ramzan stated that the course was "responding to the pharmacy profession's wish for evidence-based CMs education" that that he believed that the course "will make an important contribution to contemporary pharmacy practice and therefore the overall delivery of appropriate evidence-based health care." He declined our offer to enter into further discussion on the course.

Concerned about the pseudoscience-based interventions offered by a chiropractic clinic located on the University of Sydney campus, FSM wrote to the Head of Physiotherapy to alert her to the claims made on a clinic on her campus. [The clinic](#) offers Webster technique (mentioned above), paediatric chiropractic care, chiropractic 'biophysics' (CBP), 'Active Release' technique, 'Myofascial release' technique and reflexology. We were disappointed in her response, which stated that no action would be taken – even though the practitioner was breaching the National Law – because "as long as the treatment provider is registered with AHPRA and provides ethical practice, there is no requirement for them to provide evidence-based practice unless the public is at risk of harm".

## RMIT



**RMIT**

The RMIT continues to advertise '[Energy Medicine](#)', although "this course currently does not have any upcoming dates".



## A Special Report from Professor Edzard Ernst

### [Alternative medicine use delays effective treatment](#)



We have repeatedly discussed the fact that alternative medicine (AM) is by no means free of risks. I find it helpful to divide them into two broad categories:

- \* direct risks of the intervention (such as stroke due to neck manipulation, or cardiac tamponade caused by acupuncture, or liver damage due to a herbal remedy) and
- \* indirect risks usually due to the advice given by AM practitioners.

The latter category is often more important than the former. It includes delay of effective treatment due to treatment with an ineffective or less effective form of AM. It is clear that this will cause patients to suffer unnecessarily.

Several investigations have recently highlighted this important problem, including this [study from Singapore](#) which assessed the predictors of AM-use in patients with early inflammatory arthritis (EIA), and its impact on delay to initiation of disease-modifying anti-rheumatic drugs (DMARD). Data were collected prospectively from EIA patients aged  $\geq 21$  years. Current or prior AM-use was ascertained by face-to-face interviews. Predictors of AM-use and its effect on time to DMARD initiation were determined by multivariate logistic regression and Cox proportional hazards, respectively.

One hundred and eighty patients were included: 83.9% had rheumatoid arthritis, 57% were seropositive. Median (IQR). Chinese race, being non-English speaking, smoking and high DAS28 were independent predictors of AM-use. AM-users initiated DMARD later (median [IQR] 21.5 [13.1-30.4] vs. 15.6 [9.4-22.7] weeks in non-users,  $P = 0.005$ ). AM-use and higher DAS28 were associated with a longer delay to DMARD initiation. Race, education level, being non-English speaking, smoking and sero-positivity were not associated.

The authors concluded that *“healthcare professionals should be aware of the unique challenges in treating patients with EIA in Asia. Healthcare beliefs regarding AM may need to be addressed to reduce treatment delay.”*

These findings are not dissimilar from results previously discussed, for instance:

- \* [AM-use delays cancer diagnosis.](#)
- \* [The advice of non-medically qualified practitioners may delay cancer therapy.](#)
- \* [Chiropractic care may delay referral to effective treatment.](#)
- \* [Consultations with homeopaths can delay effective therapy.](#)

The only solution to the problem I can think of would be to educate AM practitioners and the public such that they are aware of the issue and do everything possible to prevent such problems. But this is, of course, easier said than done, and it seems more than just optimistic to hope that such endeavours might be successful. The public is currently bombarded with misleading information and outright lies about AM (many of my previous post have addressed this problem). And practitioners would have to operate against their own financial interest to prevent these problems from occurring.

This means that treatment delays caused by AM-use and advice from AM practitioners are inevitable...

Unless you have a better idea.

If so, please let me know.





## RECENT RELEVANT PUBLICATIONS BY FRIENDS

### Dr Ken Harvey

[Regulation of complementary medicines](#)

### MJA Insight

Sue Ieraci [Trainee stress: treat the cause not the symptoms](#)

### 'The Bitter Pill' - Australasian Science

- \* Ken Harvey [TGA Endorses Pseudoscience for Complementary Meds](#)
- \* Jesse W. Luke [Functional Medicine: New Name, Old Ideas](#)

### The Conversation

Mike Vagg [Swisse cheese: there are too many holes in complementary medicine regulations already](#)

### Edzard Ernst

- \* [Cervical artery dissection and stroke related to chiropractic manipulation](#)
- \* [Alternative medicine use delays effective treatment](#)
- \* [Osteopathy making a mockery of academia and evidence-based healthcare](#)
- \* [Oh, that glorious and ubiquitous BS about homeopathy !!!](#)
- \* ['BIG PHARMA' is secretly funding skeptic organizations to defame homeopathy](#)
- \* [Chiropractic for kids: a pack of offensive lies](#)
- \* [Use of alternative medicine hastens death of cancer patients](#)

### Australian Skeptics

[NSW Parliament: No conscientious objection to vaccination](#)

### Forbes

Steven Salzberg [Stem Cell Clinics Are Advertising Their Treatments As Clinical Trials. They're Not](#)

### Science-based Medicine

- \* [TCM \(Traditional Chinese Medicine\): New Developments](#) (Harriet Hall)
- \* [Faith and Supplements – B17](#) (Steven Novella)
- \* [Another Child Harmed by Pseudomedicine: Lead Poisoning from a "Homeopathic Healing" Bracelet](#) (Clay Jones)
- \* [Cancer, vitamin supplements, and unexpected consequences](#) (Scott Gavura)
- \* [Naturopaths are fake doctors cosplaying real doctors \(even the ones running dubious stem cell clinics\)](#) David Gorski
- \* [Study: patients should be warned of stroke risk before chiropractic neck manipulation](#) (Jann Bellamy)



## Respectful Insolence (David Gorski)

[Does the flu vaccine cause miscarriages?](#)

## BioMed Central (Chiropractic & Manual Therapies)

Keith Simpson [Appeal to fear in health care: appropriate or inappropriate?](#)

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